Vermont Medicaid EDI Registration

Purpose:
Registration of Vermont Medicaid Trading Partners to allow access to the Vermont Medicaid Web Portal for test and production claim transaction uploads, and downloads of functional acknowledgements, submitted claim reports, claim status reports and remittance files.

Who must register:
Any entity that will utilize the Vermont Medicaid Web Portal or diskette submission must complete the EDI Registration.

Requirements:
A completed Trading Partner Agreement with Vermont Medicaid.

Identification of the Entity or Process utilized to certify that the Trading Partner is producing standard X12N transactions.

Utilization of the Vermont Medicaid Companion Guide to ensure that the transactions meet the requirements of Vermont Medicaid.

Accurate identification of all of the Vermont Medicaid Providers, by provider ID, served by the Trading Partner, and identification of transactions used by each. Timely notification to advise EDS of changes to the provider and transaction lists.

Instructions:
Part 1a. Provide the name, address, and contact information for the entity that will utilize the Vermont Medicaid Web Portal to send or receive electronic transactions. This entity may or may not be a Vermont Medicaid service provider, but will be required to complete a Trading Partner Agreement with Vermont Medicaid.

Part 1b. Identify the method of certification that transactions meet X12N standards, and indicate all of the electronic transactions that the Trading Partner will utilize, either now or in the future when they are implemented.

Part 2. Complete the Medicaid Provider list to identify each Vermont Medicaid Provider that has authorized the Trading Partner to send or receive its transactions. Identify all of the transactions that are authorized for each provider. List only the providers who will be identified in the claims as the "Billing Provider" or the "Pay-To Provider". Make additional copies if needed.

Mark only the transactions that this Trading Partner will process for the Vermont Medicaid Provider. This information will be used to route transactions to the Claims Processing System and back to Trading Partner directories.

Part 1a. Vermont Medicaid EDI Registration

Trading Partner Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Part 1b. Pre-Certification: Please check one.   **Agency or Product name:**

	Using Provider Electronic Solutions Version 2.x	Distributed by EDS
	Certified by Independent Agency	
	Translator Compliance Check	
	Utilizing a Certified Vendor/Clearinghouse	
	Other (Describe)	

Transactions: Check all that apply

	837 Institutional Inpatient		835 Remittance
	837 Institutional Outpatient		277 Unsolicited Claim Status
	837 Institutional Nursing Home		997 Functional Acknowledgement
	837 Institutional Home Health		276/277 Claim Status Inquiry/Response
	837 Professional		270/271 Eligibility Request/Response
	837 Dental		Claim Accept/Reject Report

TRADING PARTNER ID	

Part 2. Vermont Medicaid Provider List

Check each transaction that is authorized by the Provider for this Trading Partner.

Provider ID	Provider Name	837 I	837 P	837 D	997	Claim Accept / Reject Rpt	835	277	270/271	276/277	Authorized Signature of Vermont Medicaid Provider